FORM D

SEC Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SEP 222008
Weshington. DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

144600	
OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	ge burden
hours per respon	se 16.00

SEC USE ONLY							
Prefix	Serial						
	<u> </u>						
DATE RECEIVED							
1	1						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	€ OCT 012008
1. Enter the information requested about the issuer	THE PROPERTY OF THE PROPERTY O
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	THOMSON REUTERS
Regenetech Orthopedics, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8030 El Rio St., Houston, Texas 77054 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	(225) 939-8455 Telephone Number (Including Area Code)
Brief Description of Business Regenetech Orthopedics is in the business of research into bone and soft tissue healing.	
Type of Business Organization Corporation Imited partnership, already formed business trust limited partnership, to be formed	lease specify)
Actual or Estimated Date of Incorporation or Organization: OS	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering.	
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	low or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	•

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
	wanaguig i aduci
Full Name (Last name first, if individual) Arless E. Hutchinson, II	
Business or Residence Address (Number and Street, City, State, Zip Code) 8030 El Rio Street, Houston. Texas 77054	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Kyle Shanks	
Business or Residence Address (Number and Street, City, State, Zip Code)	
8030 El Rio Street, Houston, Texas 77054	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Lee Murphy	
Business or Residence Address (Number and Street, City, State, Zip Code)	
8030 El Rio Street, Houston, Texas 77054	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code) .	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

					В. Т	NFORMAT	ION ABOU	T OFFERI	NG				
1. I	Has the	issuer sole	d, or does ti	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No X
						Appendix		_				50	000 00
2. \	What is	the minim	um investn	nent that w	vill be acce	pted from	any individ	luai?				\$_50,	00.00
3. I	Does the	e offering	permit join	t ownershi	ip of a sing	le unit?						Yes X	No □
i I	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									: :			
Full 1	Name (I	.ast name	first, if ind	ividual)									
Busin	ness or l	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Cip Code)						
Name	of Ass	ociated B	roker or De	aler						· <u> </u>			
States	s in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	:					<u> </u>
(Check	"All State:	s" or check	individual	l States)	***************	,	• • • • • • • • • • • • • • • • • • • •	••••••	••••••	•••••	☐ Al	l States
<u>.</u> 0	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full 1	Name (I	ast name	first, if ind	ivid ual)									
Busin	ess or	Residence	Address (1	Number an	d Street, C	city, State,	Zip Code)						
Name	of Ass	ociated B	roker or De	aler									
States	s in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		 , , ,		· · · · · · · · · · · · · · · · · · ·		
(Check '	'All State:	s" or check	individual	States)						**********	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full l	Name (1	ast name	first, if ind	ividual)									
Busin	ness or	Residence	Address (1	Number an	d Street, C	City, State, I	Zip Code)						· · · · · · · · · · · · · · · · · · ·
Name	of Ass	ociated B	roker or De	aler									
States	s in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check '	"All State:	s" or check	individual	States)	***************************************	******		*****			☐ Aī	1 States
[]	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR (KS) (NH) (TN)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

••	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	\$
	Equity	2,000,000.00	\$
			_
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	\$_3,850,000.00	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		s
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$_500.00
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		s
	Total		s 500.00

L	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$3,849,500.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ <u>444,000.00</u>	s
	Purchase of real estate] \$	
	Purchase, rental or leasing and installation of ma	chinery]\$	
	Construction or leasing of plant buildings and fac	cilities]\$	s
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)		7 S	□s
			-	
	- -			_
			_	
]\$	\$
	Column Totals		\$ 444,000.00	S 3,405,500.0
	Total Payments Listed (column totals added)		□ \$ <u>3,</u> 8	349,500.00
Г		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commiss	ion, upon writte	
Iss	ner (Print or Type)	Signature	ate	
_ F	egenetech Orthopedics, Inc.	Hulent but	1/5/	08
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	///	
Αп	ess E. Hutchinson, II	Chief Executive Officer		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
1.	. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	1	Yes	No ⊠
	See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state D (17 CFR 239.500) at such times as required by state law.	n which this notice is file	ed a not	ice on Form
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon w issuer to offerees.	itten request, informatio	on furni	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that mulimited Offering Exemption (ULOE) of the state in which this notice is filed and underst of this exemption has the burden of establishing that these conditions have been satisfied.	nds that the issuer claim		
	suer has read this notification and knows the contents to be true and has duly caused this notice authorized person.	to be signed on its behalf	by the	undersigned
Issuer ((Print or Type) Signature	Date	,	
Reger	enetech Orthopedics, Inc.	\$ 9/5/0	28	
Name ((Print or Type) Title (Print or Type)	7		

Chief Executive Officer

Instruction:

Arless E. Hutchinson, II

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

4 1 2 3 5 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No ALΑK AZAR $\mathbf{C}\mathbf{A}$ CO CT DE DC × X FL Common Stock @ GA Н ID ΙL IN IA KS KY Common Stock @ LA X X \$2.00 por chare ME MD MA ΜI MN MS

APPENDIX

APPENDIX 1 2 3 4 5 Disqualification

1	Intend to non-a investor	1 to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
MT										
NE						•				
NV	<u> </u>									
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
ОК										
OR										
PA										
RI										
SC										
SD										
TN			\ 							
TX		×	Common Stock @						×	
UT										
VT										
VA										
WA										
wv							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
WI										

				APP	ENDIX				
1	1 2 3 4								lification
	to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State			ate ULOE, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									_
PR									

